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with Unlading Ink. This is a Permal Record.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of _____
Town of San Carlos
or _____
City of _____ (No. _____ St.; _____ Ward)
Register No. 723
Ter. Index No. 73

FULL NAME OF CHILD _____
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and Number in order of birth <u>4</u>	Legiti mate? <u>yes</u>	Date of Birth <u>Nov. 1</u> 19 <u>09</u> (Month) (Day) (Year)
FATHER		MOTHER		
Full Name <u>Shelton Jackson</u>	Full Maiden Name <u>Leona Jackson</u>			
Residence <u>San Carlos Arizona</u>	Residence <u>San Carlos Arizona</u>			
Color or Race <u>Indian</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Arizona Ter.</u>	Birthplace <u>Arizona Ter.</u>			
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>			

Number of child of this mother 4 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? not

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on _____, 19____, at _____ M

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) _____ (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed _____ 19____ Address Carl B. Boyd M.D.
LOCAL REGISTRAR.
B.S. Gray M.D.
COUNTY REGISTRAR.
COUNTY REGISTRAR. Filed Reeg 1909